

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

**A For the period beginning** 11/25/2014 **and ending** 12/31/2014

**B Check applicable box:** ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1 Name of organization** Americas Pac **Employer identification number** 76 - 0725241

**2 Mailing address (P.O. box or number, street, and room or suite number)**  
2560 Plymouth St

**City or town, state, and ZIP code**  
Marion, IA 52302

**3 E-mail address of organization:** no@email **4 Date organization was formed:** 02/27/2003

**5a Name of custodian of records** Tom Donelson **5b Custodian's address**  
2560 Plymouth St  
Marion, IA 52302

**6a Name of contact person** Tom Donelson **6b Contact person's address**  
2560 Plymouth St  
Marion, IA 52302

**7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**  
2560 Plymouth St

**City or town, state, and ZIP code**  
Marion, IA 52302

**8 Type of report (check only one box)**

- |                                                                                     |                                                                                                                                                                               |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> First quarterly report<br>(due by April 15)                | <input type="checkbox"/> Monthly report for the month of:<br>(due by the 20th day following the month shown above, except the<br>December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report<br>(due by July 15)                | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election)                                                                                |
| <input type="checkbox"/> Third quarterly report<br>(due by October 15)              | (1) Type of election:                                                                                                                                                         |
| <input checked="" type="checkbox"/> Year-end report<br>(due by January 31)          | (2) Date of election:                                                                                                                                                         |
| <input type="checkbox"/> Mid-year report (Non-election<br>year only-due by July 31) | (3) For the state of:                                                                                                                                                         |
|                                                                                     | <input type="checkbox"/> Post-general election report (due by the 30th day after general election)                                                                            |
|                                                                                     | (1) Date of election:                                                                                                                                                         |
|                                                                                     | (2) For the state of:                                                                                                                                                         |

**9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 0**

**10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 1000**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Tom Donelson

01/21/2015

**Sign  
Here**



Signature of authorized official



Date



<b>Schedule B</b>		<b>Itemized Expenditures</b>	Schedule B
<b>Recipient's name, mailing address and ZIP code</b> John Altevogt 10601 Shawnee Edwardsville, KS 66113 -	<b>Name of recipient's employer</b> n/a <b>Recipients's occupation</b> Real estat	<b>Amount of Expenditure</b> \$ 1000 <b>Date of expenditure</b> 12/17/2014	
<b>Purpose of expenditure</b> Research			